	•	I hadar tha Dansan	made Dad	vation Arm	-f 1005 as no			U. S. Pate respond to a collec-	ni and T	Approv	of for use the	PEP	NIVACE OF	SB/06 (0B-0 MB 0651-00 COMMERC	
						FEE DETERMINATION RECORD					Application or Docket Number 09954864				
	-	CLAIMS AS FILED - PART I									NTITY	OR	OTHER T	HAN	
	FOR		•	(Column I) NUMBER FILED			(Cotumn 2) NUMBER EXTRA			ATE	FEE]	RATE	FEE	
	BASIC FEE profit (Jacu)									:370	OR		s		
	TOT	TOTAL CLAIMS (17 GFR 1.1647) INDEPENDENT CLAIMS			132 minus 20 =			112			1008	OR	x \$		
	(17 CFR 1.140)) MULTIPLE DEPENDENT (CLAIM PRESENT (DI CTR LISC			(0)	<u>×</u> -			OR OR	x			
	• 1f the difference in column 1 is less than zero, enter "0" in column CLAIMS AS AME (Column 1)									TAL	1378	OR	TOTAL		
4							NDED - PART II (Cotumn 3) (Cotumn 3)			ALL E	YTITY	OR	OTHER T		
J. J.	ENT A		REM/ AF	AIMS AINING TER IDMENT		NL PREV	CHEST JMBER JIOUSLY ID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
4	AMENDMENT	Total (37 CFR 1.14(e))		33	Minus	••	132	=	× \$_	<u>1</u>	9.00	OR	× 5		
\mathcal{I}	AM	Independent µ1 CFR L16@D	<u> </u>	3_	Minus		3	-	<u>×</u>	_=		OR	×		
	Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (01 GR L.) (Column 1) (Column 2) (Column 2)								TAL FEE		OR OR	TOTAL		
ho-	AMENDMENT B		CL. REM/ AF	AIMS AINING TER DMENT		HIC NU PREV	GHEST IMBER /IOUSLY ID FOR	PRESENT EXTRA		TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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70		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						(37 CFR L14(4))		OTAL		OR OR	TOTAL		
		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								. FEE		, A	DOTT, FEE		
	AMENDMENT C		REMA	Lining Ter Dment		NU PREV	MBER TOUSLY D FOR	PRESENT EXTRA	R.A	\TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CTR L14(4))								— =		OR OR	†=		
1		the entry in colur the "Highest Num	nber Prev	iously Paid		SPACE	is less than 2	0, enter "20".	ADDIT			A	DDIT. FEE		

*** If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form it estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Pattent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.